

Incident Qualifications and Certification System

New Employee Form

Employee Name:			
Start Date:			
First and Middle Name		Last Name	
Date of Birth (Month and Day Only- No YEAR)			
New Work Location			
District		Duty Station	
Supervisor		Address	
GS/Function (GS05/Timber)		Phone #	
TEMP, Perm, or Career Seasonal?			
Prior Employment Information			
Previous Agency			
Supervisor Name/Training Officer and Phone number			
Training Folder Location and Contact			